100409									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001									D 15186-24 "US" A/W					
CLAIMS AS FILED - PART I (Column 1) (Column 2)										mmy —	OR	OTHER SMALL	THAN	
TOTAL CLAIMS			16					RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/6 minus 20=					X \$9	Ĭ		OR	X\$18=		
INDEPENDENT CLAIMS			v minus 3 =					X42=			OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=				-		
• #	the difference	in column 1 is	less than zero, enter "0" in o			olumn 2		TOTAL 370			OR OR	TOTAL		
CLAIMS AS AMENDED - PART II								1017	W.	5/0	Un	OTHER	THAN	
8	131/04	. (Column 1)		(Column 2) (Column				SMA	LLI	ENTITY.	OR	SMALL ENTITY		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.14	Minus	<i>•• 1</i>	.0	. /		X\$ 9	Ø		OR	X\$18=		
	Independent	· V	Minus	***	3_			X42			OR	X84=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	TCLAIM]	+140	_		OR	+280=		
	8/4/05 Roepmort 8/4/05								TAL	·	OR	TOTAL		
7	8/4/05	(Column 3)	ADUTI. PEE											
AMENDMENT B	• •	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 15	Minus	" ó	20	= -0-	1	X\$ 8	=		OR	X\$18=		
	Independent	. 2	Minus	***	3	-0		X42	e -		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CCAIM		J	+140	æ		OR	+280=		
					•			TO ADDIT, I	TAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Cotu	ımn 2)	(Column 3)		ALJUTT, 1	-EE		•	ADDIT. PEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	-	HIG NUI PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	40				X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	444		=	4	X42	=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1			
. *	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The 'Highest Nur	mber Previously Pa	id For (Total o	ır Indepen	dent) is th	e highest numb	er fo	rund in th	:6 st	propriate bo	x in c	otumn 1.		

FORM PTO-875 (Rev. 8/01)

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